



REQUEST FOR: CMS COMMUNITY MANAGEMENT STATEMENT (BY-LAWS)

APPLICANT NAME: _____ DATE: _____

NAME OF BODY CORPORATE: _____ CTS: _____

PROPERTY ADDRESS: _____ LOT/UNIT: _____

LOT OWNERS NAME: _____

LOT OWNERS ADDRESS: _____

CHARGES APPLICABLE:

\$66.00 – Within 5 Working Days

Payment Method

Name on Card: _____

Card Number: _____ Expiry Date: _____ 3 digit: _____

Signature of Card Holder: _____

Card Type Visa: **Visa Card Master Card Bank Card**

PLEASE NOTE: CHEQUES & AMERICAN EXPRESS OR DINER CARD WILL NOT BE ACCEPTED

COMMUNITY MANAGMEENT STATEMENT RETURN DELIVERY:

Post Email

Sign: _____ Date: _____